Suicide Risk Procedure

Procedure

All youth, family members, visitors and staff shall be provided with a safe and humane therapeutic environment and be protected from harm. The Hospital shall implement best practices with the aim of properly assessing, managing and treating potential or actual violence within the hospital setting. To that end, all youth evaluated upon admission to the hospital units will receive an accurate, complete and timely assessment for risk of suicidal ideation and behaviors and related risk factors as part of their clinical assessment.

This procedure establishes guidelines for the early recognition, prevention, assessment, management and treatment of suicide risk for all youth admitted to the Hospital; and guides a practice whereby suicide risk-related findings are integrated into routine assessments, re-assessments and treatment planning.

Definitions

Suicide means the death of a patient caused by deliberate self-inflicted injury intended to end his/her own life.

Suicide attempt means an act committed by a patient in an effort to cause his or her own death.

Suicidal ideation means thoughts of harming or killing oneself, the severity of which can be determined by assessing the intensity, frequency and duration of these thoughts.

Prevention

- Staff shall orient youth to the physical space of the Hospital upon arrival to the unit in an effort to minimize anxiety, confusion and fear.
- All clinical staff shall be trained in and capable of active listening, problem solving, and crisis de-escalation.
- The clinical assessment of suicide risk shall incorporate current practice parameters for the assessment and treatment of suicidal behavior published by the American Academy of Child and Adolescent Psychiatry (AACAP).

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Psychiatric Assessment

The psychiatric assessment of risk of suicide will include the use of the Columbia-Suicide Severity Rating Scale (C-SSRS) Risk Assessment. (Attachment 1).

- The C-SSRS Risk Assessment shall be completed by the psychiatrist following the youth's admission interview, review of medical records, and consultation with family members and other professionals as appropriate.
- The completed C-SSRS Risk Assessment shall be filed in the medical record as part of the psychiatrist's admission psychiatric evaluation (which shall occur within 24 hours of admission to the Hospital).
- Based on the information recorded in the C-SSRS Risk Assessment, and after review of the nursing assessment, the psychiatrist shall categorize the youth's risk of suicide as falling in one of three categories: low, moderate or high. This information shall be filed in the assessment/formulation section of the youth's admission note.
- If a moderate or high risk category is assigned to the youth, recommended actions shall be developed to be considered during the development of the initial treatment plan for the youth.

Any change in the display of suicidal ideation shall prompt a reassessment by the psychiatrist who shall formulate a present understanding of the youth's behaviors, develop revisions to the youth's individualized treatment plan (ITP) and provide the youth with specific risk-reduction strategies. This reassessment shall be documented in a psychiatric progress note and will result in a revised risk severity designation – low, moderate or high – with corresponding appropriate actions planned.

Nursing Assessment

All youth shall receive the Columbia-Suicide Severity Rating Scale (C-SSRS) Lifetime - Recent Clinical tool as part of the initial nursing assessment. (See Attachment 2). The C-SSRS shall be used as a decision support tool, adjunct to clinical assessment and judgment. The C-SSRS shall be completed based on the presenting history preceding the admission and on youth and parent interviews during the admissions process.

Subsequently, C-SSRS will be updated weekly for youth at moderate or high risk, to register behaviors and ideation observed during the preceding week.

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Nursing Assessment (continued)

If the C-SSRS registers positive answers to questions 4 or 5, the nurse shall contact a psychiatrist within 30 minutes to conduct an assessment and recommend action. The nurse may initiate nursing observation or precautions pending the psychiatrist's assessment.

If the C-SSRS registers positive answers to questions 1, 2, or 3, the nurse shall notify the treating psychiatrist and communicate the findings to the Treatment Team during morning and intershift reports to inform mobility and activity planning decisions.

If the C-SSRS registers no positive answers, no further action shall be necessary. Administration of the C-SSRS will be discontinued after negative answers on questions 1 through 5 for three consecutive administrations.

Risk Categories

HIGH: Psychiatric assessment indicates significant risk for suicide, with C-SSRS indicating active ideation and intent or, despite of lack of intent, the psychiatrist appreciates in his or her assessment behaviors and history highly predictive of risk.

MODERATE: Psychiatric assessment finds indicators of risk for suicide that could potentially become significant risk if not addressed in treatment, with C-SSRS indicating positive answers on questions of recent or current ideation without intent.

LOW: Psychiatric assessment indicates little or no risk for suicide, with C-SSRS answers supporting this or, despite C-SSRS positives, the psychiatrist appreciates in in his or her assessment protective factors, behaviors and history which in his or her clinical judgment add up to low risk of suicide.

Treatment – High Risk

Youth who are identified at <u>high risk</u> for suicide shall:

- receive an Intensive Therapy Plan developed by the Treatment Team and incorporated into the ITP;
- be treated for self-harm precautions;
- be treated with an appropriate level of observation to minimize the potential for harm; and
- be reassessed daily by the psychiatrist with recommendations for observation and precaution status until the level of risk is assessed as lower.

Treatment – High Risk (continued)

The Treatment Team shall collaborate to determine the therapies and groups most indicated for assisting the youth with progress in treatment for the target behavior(s).

The ITP shall be reviewed by the Treatment Team and updated as needed to ensure that indicators for progress have been met.

Cross reference: Albert J. Solnit Children's Center Procedures, "Special Treatment Procedures: Intensive Therapy" and "Special Treatment Procedures: Self-Harm Precautions."

Treatment – Moderate Risk

Youth who are identified at moderate risk for suicide shall receive goal(s) in his or her ITP addressing the suicide risk. The ITP shall be reviewed by the Treatment Team and updated as needed to ensure that progress objectives have been met.

The youth's behaviors and C-SSRS results shall be reviewed daily during interdisciplinary morning rounds and by staff members at each change of shift. Any change in risk level shall be communicated by nursing in morning rounds and shift change reports.

The psychiatrist shall reassess the risk level weekly and address it in a progress note.

The youth's Treatment Team shall collaborate to determine the therapies and groups most indicated for assisting the youth with progress in treatment for the target behavior(s).

Treatment – Low Risk

Youth who are identified at low risk for suicide:

- shall be expected to participate in the therapies and groups indicated for assisting him or her with progress in treatment; and
- shall be treated with standard precautions and observation unless he or she are subject to other identified psychiatric risks.